

Exhibit A

Morrison & Foerster LLP

Here are the documents needed  
to support the claim Doc 6448  
Claimant Alfredia Holiday who is  
now deceased, the reason for  
not responding in a timely matter.  
I am sending these documents  
on behalf of Alfredia Holiday  
and as his executor of his Estate  
deceased (Oct 20, 2013)

Estate of Alfredia  
Holiday (Executor)  
Linda Sheridan  
Saginaw, MI 48601

respectfully submitted  
Brandi Hayes  
1606 Sheridan  
(989) 213-8101

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In re RESIDENTIAL CAPITAL, LLC, et al. (CASE NO. 12-12020 (MG)) (JOINTLY ADMINISTERED)

## FIFTY-NINTH OMNIBUS OBJECTION TO CLAIMS (INSUFFICIENT DOCUMENTATION BORROWER CLAIMS)

	Name of Claimant	Claim Number	Date Filed	Claim Amount	Asserted Debtor Name	Asserted Case Number
1	Alfredia Holiday 3350 Williamson Rd. Saginaw, MI 48601	1661	10/24/2012	\$0.00 Administrative Priority \$0.00 Administrative Secured \$0.00 Secured \$0.00 Priority	GMAC Mortgage, LLC	12-12032
2	Annie Trammell 7494 County Road 278 Roanoke, AL 36274	4419	11/09/2012	\$0.00 Administrative Priority \$0.00 Administrative Secured \$80,000.00 Secured \$0.00 Priority \$0.00 General Unsecured	GMAC Mortgage, LLC	12-12032
3	Barbara Ann White PO Box 9001719 Louisville, KY 40290-1719	5743	11/19/2012	\$0.00 Administrative Priority \$0.00 Administrative Secured \$131,455.97 Secured \$0.00 Priority \$0.00 General Unsecured	Residential Capital, LLC	12-12020
4	BUDELIS, LOUISE M 2594F S ARLINGTON MILL DR GROUND RENT ARLINGTON, VA 22206	731	09/25/2012	\$19.00 Administrative Priority/ \$0.00 Administrative Secured \$0.00 Secured \$0.00 Priority \$0.00 General Unsecured	Residential Capital, LLC	12-12020
5	Charlene M. Butler 19201 N.W. 11 Ave Miami, FL 33169	6326	12/06/2012	\$0.00 Administrative Priority \$0.00 Administrative Secured \$40,000.00 Secured \$0.00 Priority \$0.00 General Unsecured	Residential Capital, LLC	12-12020

**THIS IS A NOTICE REGARDING YOUR CLAIM. YOU MUST READ IT AND TAKE ACTION IF YOU DISAGREE WITH THE OBJECTION.**

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

In re: ) Case No. 12-12020 (MG)  
RESIDENTIAL CAPITAL, LLC, et al., ) Chapter 11  
Debtors. ) Jointly Administered  
)

**NOTICE OF HEARING ON THE RESCAP BORROWER CLAIMS TRUST'S FIFTY-NINTH OMNIBUS OBJECTION TO CLAIMS (INSUFFICIENT DOCUMENTATION BORROWER CLAIMS)**

**Alfredia Holiday**

Proposed Claim(s) to be Disallowed and Expunged				Reason for Disallowance
Claim No(s); Date Filed	Debtor	Classification	Amount	Insufficient Documentation
1661 10/24/12	GMAC Mortgage, LLC	Administrative Priority	N/A	
		Administrative Secured	N/A	
		Secured	N/A	
		Priority	N/A	
		General Unsecured	\$96,000.00	

PLEASE TAKE NOTICE that, on February 7, 2014, the ResCap Borrower Claims Trust (the "Trust"), as successor in interest to the Debtors<sup>1</sup> in the above-captioned Chapter 11 cases, filed its *Fifty-Ninth Omnibus Objection to Claims (Insufficient Documentation Borrower Claims)* (the "Objection") with the United States Bankruptcy Court for the Southern District of New York (the "Bankruptcy Court"). The basis for the claim objection applicable to you is identified in the table above in the column entitled "Reason for Disallowance".

The Objection requests that the Bankruptcy Court expunge, and/or disallow one or more of your claims listed above under PROPOSED CLAIM(S) TO BE DISALLOWED AND EXPUNGED on the ground that the claim(s) is a Borrower Claim with Insufficient

<sup>1</sup> A list of the debtors in these Chapter 11 cases (the "Debtors"), along with the last four digits of each Debtor's federal tax identification number, is available on the Debtors' website at <http://www.kccllc.net/rescap>.

**Mortgage Interest Statement FORM 1098(Keep for your records)**

RECIPIENT'S/LENDER'S Name, Street Address, City, State, and ZIP Code  
**GMAC MORTGAGE CORPORATION**  
**3451 HAMMOND AVE**  
**WATERLOO IA 50702**  
**800-766-4622**

**Copy B For Payer**

The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

\* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

Department of the Treasury - Internal Revenue Service

PAYER'S/BORROWER'S Name (first, middle, last), Street Address, City, State, and ZIP Code  
 861098 12/09/04 13:32 0060897 20050111 DA026116/1098 1 OZ DOM DA02610000+ 146316 PD

#BWNHJPY  
#KW06678J49205#

ALFREDIA HOLIDAY  
CHERYL A. HOLIDAY  
3217 CARTER  
SAGINAW MI 48601-4053

**STATEMENT OF ACCOUNT THROUGH 12-31-2004****ACCOUNT NUMBER: 0544400609****PROPERTY LOCATION:**

**3217 CARTER**  
**SAGINAW MI 48601**

**INTEREST PAID DURING 2004:**

3,110.96

**HAZARD INSURANCE PAID IN 2004:**

0.00

**INTEREST ON ESCROW 2004:**

0.00

**ESCROW INTEREST WITHHELD 2004:**

0.00

**PRIOR YEAR PREPAID INTEREST:**

0.00

DATE OF TRANSACTION	TRANS	DISTRIBUTION OF TRANSACTION				PRINCIPAL BALANCE	ESCROW BALANCE
		PRINCIPAL	INTEREST	ESCROW	MISC		
01-09-04	RECEIPT	0.00	0.00	0.00	228.86	61,351.47	0.00
01-23-04	RECEIPT	0.00	0.00	0.00	228.85-	61,351.47	0.00
01-23-04	PAYOUT	131.78	325.93	0.00	0.00	61,219.69	0.00
01-23-04	PRIN CURTAIL	0.01	0.00	0.00	0.00	61,219.68	0.00
01-23-04	RECEIPT	0.00	0.00	0.00	0.01-	61,219.68	0.00
02-06-04	RECEIPT	0.00	0.00	0.00	228.86	61,219.68	0.00
02-20-04	PAYOUT	132.48	325.23	0.00	228.85-	61,087.20	0.00
02-20-04	PRIN CURTAIL	0.01	0.00	0.00	0.01-	61,087.19	0.00
03-05-04	RECEIPT	0.00	0.00	0.00	228.86	61,087.19	0.00
03-19-04	PAYOUT	133.18	324.53	0.00	228.85-	60,954.01	0.00
03-19-04	PRIN CURTAIL	0.01	0.00	0.00	0.01-	60,954.00	0.00
04-02-04	RECEIPT	0.00	0.00	0.00	228.86	60,954.00	0.00
04-16-04	PAYOUT	133.89	323.82	0.00	228.85-	60,820.11	0.00
04-16-04	PRIN CURTAIL	0.01	0.00	0.00	0.01-	60,820.10	0.00
04-30-04	PRIN CURTAIL	228.86	0.00	0.00	0.00	60,591.24	0.00
05-14-04	RECEIPT	0.00	0.00	0.00	228.86	60,591.24	0.00
05-28-04	PAYOUT	135.82	321.89	0.00	228.85-	60,455.42	0.00
05-28-04	PRIN CURTAIL	0.01	0.00	0.00	0.01-	60,455.41	0.00
06-11-04	RECEIPT	0.00	0.00	0.00	228.86	60,455.41	0.00
06-25-04	RECEIPT	0.00	0.00	0.00	228.86	60,455.41	0.00
06-29-04	PAYOUT	136.54	321.17	0.00	457.71-	60,318.87	0.00
06-29-04	PRIN CURTAIL	0.01	0.00	0.00	0.01-	60,318.86	0.00
07-09-04	RECEIPT	0.00	0.00	0.00	228.86	60,318.86	0.00
07-23-04	RECEIPT	0.00	0.00	0.00	228.86	60,318.86	0.00
07-29-04	PAYOUT	137.27	320.44	0.00	457.71-	60,181.59	0.00
08-06-04	RECEIPT	0.00	0.00	0.00	228.86	60,181.59	0.00
08-20-04	PAYOUT	138.00	319.71	0.00	228.85-	60,043.59	0.00
08-20-04	PRIN CURTAIL	0.02	0.00	0.00	0.02-	60,043.57	0.00
09-27-04	FEE ASSESSED	0.00	0.00	0.00	20.00	0.00	0.00
10-04-04	PAYOUT	138.73	318.98	0.00	0.00	59,904.84	0.00
10-21-04	PAYOUT	59,904.84	209.26	581.60	0.00	0.00	581.60
10-21-04	FEE PAID	0.00	0.00	0.00	20.00	0.00	0.00
11-08-04	MISC DISB	0.00	0.00	581.60-	0.00	0.00	0.00



DECEDENT

1. DECEDENT'S NAME (First, Middle, Last) <b>Alfredia Holiday</b>		2. DATE OF BIRTH <b>October 25, 1953</b>	3. SEX <b>Male</b>	4. DATE OF DEATH <b>October 20, 2013</b>
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS		6a. AGE - Last Birthday (Years) <b>59</b>	6b. UNDER 1 YEAR MONTHS <b>0</b>	6c. UNDER 1 DAY DAYS <b>0</b>
7a. LOCATION OF DEATH <b>St Marys of Michigan</b>		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH <b>Saginaw</b>		7c. COUNTY OF DEATH <b>Saginaw</b>
8a. CURRENT RESIDENCE - STATE <b>Michigan</b>		8b. COUNTY <b>Saginaw</b>	8c. LOCALITY <b>Saginaw</b>	8d. STREET AND NUMBER <b>3350 Williamson Road</b>
8e. ZIP CODE <b>48601</b>	9. BIRTH PLACE <b>Saginaw, Michigan</b>	10. SOCIAL SECURITY NUMBER <b>369-54-3577</b>		11. DECEDENT'S EDUCATION <b>Master's degree</b>
12. RACE <b>Black</b>		13a. ANCESTRY <b>African-American</b>	13b. HISPANIC ORIGIN <b>No</b>	14. EVER IN THE U.S. ARMED FORCES? <b>No</b>
15. USUAL OCCUPATION <b>Skilled Trades</b>		16. KIND OF BUSINESS OR INDUSTRY <b>Automotive</b>	17. MARITAL STATUS <b>Divorced</b>	18. NAME OF SURVIVING SPOUSE
19. FATHER'S NAME (First, Middle, Last) <b>Pressie Fentress</b>		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) <b>Odesa Ray</b>		
21a. INFORMANT'S NAME <b>Brandi Hayes</b>		21b. RELATIONSHIP TO DECEDENT <b>Daughter</b>	21c. MAILING ADDRESS <b>1606 Sheridan Avenue, Saginaw Michigan 48601</b>	
22. METHOD OF DISPOSITION <b>Burial</b>		23a. PLACE OF DISPOSITION <b>Forest Lawn Cemetery</b>	23b. LOCATION - City or Village, State <b>Saginaw, Michigan</b>	
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE <b>Alonzo L. Betts</b>		25. LICENSE NUMBER <b>4501006060</b>	26. NAME AND ADDRESS OF FUNERAL FACILITY <b>Evans &amp; Browne's Funeral Home, 441 N. Jefferson Avenue, Saginaw, Michigan 48607</b>	
27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		28a. ACTUAL OR PRESUMED TIME OF DEATH <b>10:35 PM</b>	28b. PRONOUNCED DEAD ON <b>October 20, 2013</b>	28c. TIME PRONOUNCED DEAD <b>10:35 PM</b>
		29. MEDICAL EXAMINER CONTACTED <b>Yes</b>	30. PLACE OF DEATH <b>Hospital</b>	31. IF HOSPITAL <b>Inpatient</b>
27b. DATE SIGNED <b>October 21, 2013</b>		27c. LICENSE NUMBER <b>065669</b>	32. MEDICAL EXAMINER'S CASE NUMBER <b>2013-685</b>	
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN <b>Nikola Kinachitchouk, M.D., 4705 Towne Centre, Suite 102, Saginaw, Michigan 48602</b>				
35a. REGISTRAR'S SIGNATURE <i>Susan Kaltenbach</i>		35b. DATE FILED <b>October 28, 2013</b>		
36. PART I. ENTER the chain of events- diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. Enter only one cause on line. If there was an intermediate, underlying or contributing cause of death be sure to record disease in either Part I or Part II if the cause of death section, as appropriate.				
a. Intracerebra Bleeding Due to (or as a consequence of)				
b. HTN Due to (or as a consequence of)				
c. Underlying Cause (final disease or condition resulting in death) Sequentially list conditions, diseases or injuries from the most remote to the nearest in time of occurrence. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). LAST				
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
38. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 12 days of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant 45 days to 1 year before death				
39. MANNER OF DEATH <b>Natural</b>		40a. WAS AN AUTOPSY PERFORMED? <b>No</b>	40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
41a. DATE OF INJURY		41b. TIME OF INJURY	41c. DESCRIBE HOW INJURY OCCURRED	
41d. INJURY AT WORK	41e. PLACE OF INJURY	41f. IF TRANSPORTATION INJURY	41g. LOCATION	

STATE OF MICHIGAN  
COUNTY OF SAGINAW }

I, SUSAN KALTENBACH, Clerk of said County of Saginaw and Clerk of the Circuit Court for said County, do hereby certify that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent record of the Saginaw County Clerk's Office.

WITNESSED the Seal of said court and county on this date:

OCT 30 2013

A.D.

SEAL

SP00852692 SAGINAW COUNTY CLERK

VRHDSS11 (12/12) Authority: MCL 333.15



VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF SAGINAWEstate of Alfreda Holiday

TO:

Name and address Brandi V. Hayes 1606 Sheridan Saginaw, MI 48601
---

FILE NO.

13-131242-DETelephone no.  
989-231-8101

You have been appointed and qualified as personal representative of the estate on \_\_\_\_\_ Date \_\_\_\_\_ You are authorized to perform all acts authorized by law unless exceptions are specified below.

Your authority is limited in the following way:

- You have no authority over the estate's real estate or ownership interests in a business entity that you identified on your acceptance of appointment.
- Other restrictions or limitations are:

These letters expire: N/A  
Date DEC 23 2013

Date

Judge (formal proceedings)/Register (informal proceedings)

-Bar no.-

SEE NOTICE OF DUTIES ON SECOND PAGE

In Pro Per

Bar no.

Brandi V. Hayes  
Attorney name (type or print)

1606 Sheridan

Address  
Saginaw, MI 48601

City, state, zip

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

Date

Deputy register

Rafaela Curtis

Do not write below this line - For court use only